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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Verified and Acknowledged	<input type="checkbox"/> Met after Allowance Initials	/ANGELA M DITRANI/ Examiner's Signature		UNITED KINGDOM	16	35	3

ADDRESS

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TITLE

Well bore treatment fluid

FILING FEE RECEIVED 1780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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